



SANTE FE SPRINGS/LA  
9636 ANN ST.  
ASSOCIATED PLATING CO.

A

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REQUEST FOR HAZARDOUS WASTE FACILITY PERMIT VARIANCE  
California State Department of Health Services  
Toxic Substances Control Division

I hereby request a variance from the Hazardous Waste Facility Permit requirements of the California State Department of Health Services (DHS).

I. I currently have the following hazardous waste management operation(s) at my facility: (check all applicable items)

A. Container Storage

- ☒ On-site storage less than 90 days.  
☐ On-site storage more than 90 days (maximum one year).  
☐ On-site storage of small quantities more than 90 days (maximum one year).

B. Tank Storage

- ☐ Above ground tank.  
☐ Underground tank.  
☐ Tank located within a vault.  
☒ On-site storage less than 90 days (total tank content must be emptied).  
☐ On-site storage more than 90 days (maximum one year).

C. Treatment System

- ☒ System located above ground.  
☒ System located underground.  
☐ Elementary neutralization unit.  
☒ Wastewater pretreatment unit.  
☐ Totally enclosed treatment facility.  
☐ Physical, chemical or biological treatment prior to disposal.  
☐ Other (specify) \_\_\_\_\_

II. The facility is owned/operated by STANLEY A. GOLNICK  
and is located at 9636 ANN ST SANTA FE SPRING, CA 90610

-100-

- OVER -

*Associated Plating Co*  
*9636 Ann St.*  
*Santa Fe Springs, CA 90610*  
*D R A - J - d*

III. I am requesting a variance for my facility based upon the following section(s) of Title 22, California Administrative Code:

Section 66310 (a) (1): The hazardous waste at my facility is insignificant as a potential hazard to humans, domestic livestock or wildlife because of its small quantity; low concentration and/or physical or chemical characteristics.

and/or

Section 66310 (a) (2): The hazardous waste at my facility is handled, processed or disposed of pursuant to regulations of another governmental agency.

My facility is regulated by the following agency: County  
SANITATION DISTRICTS OF LOS ANGELES COUNTY.

A copy of the applicable permit is attached.

IV. I am attaching all applicable information and drawings as required in support of this variance request. For any facilities involving underground tanks, I have attached information describing the leak detection program.

V. I understand that any variance from the Hazardous Waste Facility Permit requirements of DHS, if granted, does not exempt my firm from any other applicable laws and regulations governing the management of hazardous wastes.

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this exemption application and that, based on inquiry of those individuals immediately responsible for obtaining the information I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Samuel J. Jones  
(Certification Signature)

V.P. / G.M.  
(Title)

(213) 946-5525  
(Telephone)

12/10/85  
(Date)

ASSOCIATED PLATING CO  
(Company or Applicant)

9636 ANN ST  
(Mailing Address)

SANTA FE SPRINGS, CA 90670  
(City, State, ZIP)

\_\_\_\_\_  
(ISD Number if Applicable)

SURCHARGE ACCOUNT NO.

1814704

INDUSTRIAL WASTEWATER  
CRITICAL PARAMETER REPORT FORM

6105  
PERMIT NO.  
CAD-0430-79110

Associated Plating Co.

(Print) Name of Company Having Wastewater Discharge

3471  
SIC Number(s)

9636 Ann St., Santa Fe Springs, CA 90670

(Print) Address of Wastewater Discharge

10/22/85 1:20 pm - 10/23/85 2:20 pm

3rd Stage Clarifier

10/1/85 to 12/31/85  
Reporting Period

(Print) Sample Date

Sample Point Location

DAILY WATER USE FOR REPORTING PERIOD (GAL)

AVG. \_\_\_\_\_ MAX. \_\_\_\_\_

WASTEWATER FLOW (A,B)

DETERMINED BY:

☐

DIRECT MEASUREMENT

☒

METERED WATER SUPPLY

☐

ADJUSTED METERED WATER SUPPLY

TYPE OF SAMPLE:

☐

GRAB

☒

TIME COMPOSITE

☐

FLOW PROPORTIONED COMPOSITE

CRITICAL PARAMETER VALUES

DENT. CODE	PARAMETER 1/	2/	QUANTITY VALUES	IDENT. CODE	PARAMETER 1/	2/	QUANTITY VALUES
3 / A	WASTEWATER FLOW (Total)		gals/day 1,446	LL-370 371, 372	RADIOACTIVITY (Alpha, Beta, Gamma)		pci/l
3 / B	WASTEWATER FLOW (Peak)		gals/mi. 1.0	MM-111	TEMPERATURE		Degrees F
C-403	COD		mg/1 95	NN-104	COLOR		Units
D-151	SS (Suspended Solids)		mg/1 91	OO-253	THIOSULFATE (S)		mg/1
E-101	pH		Units 10.6	PP-703	CALCIUM		mg/1
F-155	TOTAL DISSOLVED SOLIDS		mg/1	QQ-704	MAGNESIUM		mg/1
G-201	AMMONIA (N)		mg/1	RR-719	POTASSIUM		mg/1
H-252	SULFIDE - DISSOLVED		mg/1	SS-706	BARIUM		mg/1
I-206	CYANIDE		mg/1 0.01	TT-204	NITRATE		mg/1
J-313	FLUORIDE		mg/1	UU-301	CHLORIDE		mg/1
K-707	ALUMINUM - Total		mg/1	VV-319	BROMIDE		mg/1
L-725	ANTIMONY - Total		mg/1	WW-257	SULFATE		mg/1
M-705	ARSENIC - Total		mg/1	XX-311	PHOSPHATE - ORTHO		mg/1
N-726	BERYLLIUM - Total		mg/1	620	BENZENE		µg/1
O-314	BORON - Total		mg/1	604	CARBON TETRACHLORIDE		µg/1
P-708	CADMIUM - Total		mg/1	611	CHLOROBENZENE		µg/1
Q-709	CHROMIUM - Total		mg/1	613	DICHLOROBENZENE		µg/1
R-711	COBALT - Total		mg/1	619	1, 2-DICHLOROETHANE		µg/1
S-712	COPPER - Total		mg/1 1.30	603	1, 1, 1-TRICHLOROETHANE		µg/1
T-713	IRON - Total		mg/1	657	2-CHLOROPHENOL		µg/1
U-714	LEAD - Total		mg/1 0.02	658	2, 4-DICHLOROPHENOL		µg/1
V-716	MANGANESE - Total		mg/1	663	PENTACHLOROPHENOL		µg/1
W-717	MERCURY - Total		mg/1	664	2, 4, 6-TRICHLOROPHENOL		µg/1
X-732	MOLYBDENUM - Total		mg/1	602	CHLOROFORM		µg/1
Y-718	NICKEL - Total		mg/1 1.27	626	2, 4-DIMETHYLPHENOL		µg/1
Z-720	SELENIUM - Total		mg/1	624	ETHYL BENZENE		µg/1
AA-722	SILVER - Total		mg/1	601	METHYLENE CHLORIDE		µg/1
BB-723	SODIUM - Total		mg/1	607	TETRACHLOROETHYLENE		µg/1
CC-734	THALLIUM - Total		mg/1	621	TOLUENE		µg/1
DD-735	TIN - Total		mg/1	606	TRICHLOROETHYLENE		µg/1
EE-736	TITANIUM - Total		mg/1	525	HCH (Total)		µg/1
FF-724	ZINC - Total		mg/1 0.40	530	CHLORDANE ( Total)		µg/1
GG-40B	OIL & GREASE		mg/1	507	DDT (Total)		µg/1
HH-312	PHENOLS		mg/1	521	PCBs (Total)		µg/1
II-315	SURFACTANTS (MBAS)		mg/1	512	ALDRIN		µg/1
316	NONIONIC SURFACTANTS(NID)		mg/1	514	ENDRIN		µg/1

1/ Report all critical parameters required by the Sanitation Districts and any other critical parameter known to be present in the wastewater. Those parameters required by the Districts but known to be absent from the wastewater may be reported by placing the word absent in the appropriate space. Test procedures must be in accordance with procedures contained in the current edition of STANDARD METHODS, if applicable. Test procedures for priority organics must be run in accordance with the appropriate EPA method.

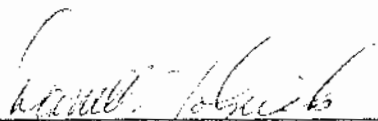
2/ If values are obtained by measurements or analyses write A in this column. Analysis values must be determined, using representative 24-hour composite samples (unless the parameter is identified by footnote 4/), by a State Certified or Districts Approved Laboratory. If values are obtained by estimate, write E in this column. Estimated values are acceptable for new plants only.

3/ Report flow rates for sampling day.

4/ Grab samples should be acquired with precautions taken to insure that volatile constituents are preserved.

DECEMBER 9, 1985

- TANK #1 - For emergency spill containment of fusing oil only. Monthly visual inspection of tank.
- TANK #2, #3  
#4, #9 - For emergency spill containment under plating lines. If a spill occurs, tank is immediately pumped dry. Monthly visual inspection of tanks.
- TANK #5 - Flow thru pit for D.I. system water recycle. At this point water is exiting the plant for deionization. Visual inspection and water level measurement when system shut down for the weekend.
- TANK #6 - Three stage clarifier for sewer discharge is connected to the final interceptor of the industrial waste pretreatment system. Visual inspection and water level measurement when system is shut down for the weekend. Periodically pumped dry for further visual inspection.
- TANK #7 & #8- Cation/Anion sump used for treating regeneration wastes, regenerations are made on a weekly basis. Sumps filled and emptied within 24 hours. Once per month pits are filled with a known amount of water and measured after 24 hours. Also a visual inspection is made prior to filling.



Darrell Golnick  
V.P./Gen. Mgr.

2692

1955 Workman Mill Road / Whittier, C  
 Mailing Address: / P.O. Box 4998, Whittier, Calif. 90607  
 John D. Parkhurst, Chief Engineer and General Manager

SANTA FE SPRINGS, Calif.\* 3 / 29 / 78  
 MO. DAY YR.

\*APPLICATION IS HEREBY MADE BY\* ASSOCIATED PLATING CO.  
 PRINT (FIRM NAME)

03 (Mailing Address) 9636 SOUTH ANN ST SANTA FE SPRINGS, CA 90670  
 (STREET) (CITY) (STATE) (ZIP)

07 OWNER  
 (OWNER, TENANT, ETC.) of the property located at

09 (Street)\* SAME (City) (Zip)  
 PRINT (ADDRESS OF PROPERTY PRODUCING WASTEWATER DISCHARGE)

\*Assessors Map Book No.\* 30 Page No.\* 9 Parcel No.\* P.M. LOT 2  
 (LEGAL ADDRESS OF PROPERTY PRODUCING WASTEWATER DISCHARGE)

PRINT (LOCATION OF POINT OF WASTEWATER DISCHARGE TO SEWERAGE SYSTEM)

for a Permit for Industrial Wastewater Discharge to the sewerage system.

13 Type of Industry\* METAL PLATING M. 17 3471  
 (GENERAL DESCRIPTION) (FEDERAL SIC NOS.)

19 Number of Employees (Full Time)\* 35 (Part Time)\*       

21 Raw Materials Used\*         
 (GENERAL DESCRIPTION - ADD ADDITIONAL SHEETS AS NEEDED)

Products Produced SERVICE INDUSTRY - METAL PLATING  
 (GENERAL DESCRIPTION - ADD ADDITIONAL SHEETS AS NEEDED)

Wastewater Producing Operations METAL PLATING - COPPER, TIN, TIN-LEAD  
NICKEL, GOLD, SILVER, RHODIUM in future, ETC.  
 (FULL DESCRIPTION - ADD ADDITIONAL SHEETS AS NEEDED)

31 Time of Discharge - \* 8 AM/PM to 4 AM/PM; Days per Week\* (M) T W Th F Sa Su  
WORKING Hrs. 7-3:30 PM Mon. - Fri. Etc. (CIRCLE DAYS)

\* Wastewater Flow Rate\* 7 GALLONS PER MINUTE AA (Gallons Per Day) 3360

Constituents of Wastewater Discharge (BRINE) SODIUM SULFATE, CHLORIDE  
AND NITRATE  
 (GENERAL DESCRIPTION - ATTACH CHEMICAL ANALYSES RESULTS TO THIS APPLICATION)

Person in company responsible for industrial wastewater discharge:

41 WAYNE MOLENRICH QUALITY CONTROL MGR 945-3552  
 PRINT (NAME) (POSITION) (TELEPHONE NUMBER)

I affirm that all information furnished is true and correct and that the applicant will comply with the conditions stated on the back of this permit form.

Date MARCH 29, 19 78

Signature for Applicant Stanley A. Dolnick  
 (COMPANY ADMINISTRATIVE OFFICIAL) (NAME)

PRES  
 (POSITION)

Approved by City or County Official

Approved by Sanitation Districts of Los Angeles County

Date 4-14-78

Date June 22, 1978

For Dept. of County Engineers ☐

John D. Parkhurst, Chief Engineer and General Manager

City of SANTA FE SPRINGS ☒ I-2248-1H

Name Charles E. Cushman

by Alfredo C. Reyes

Position Prin. M.E. Assist.

Position Plan Eval. Engr.

Note: A permit fee may be required by the local City or County Agency.

This form when properly signed shall be a valid permit unless suspended or revoked.

**DEPARTMENT OF TOXIC SUBSTANCES CONTROL**

400 P Street, 4th Floor  
P.O. Box 806  
Sacramento, CA 95812-0806



April 28, 1993

ASSOCIATED PLATING CO  
9636 ANN ST  
SANTA FE SPRINGS, CA 90670

Dear PRESIDENT:

**SUBMITTAL OF IMPROPERLY COMPLETED MANIFESTS**

The Department of Toxic Substances Control (DTSC) has received improperly completed manifests from your facility. Enclosed please find the certified copies of your original blue manifests. The DTSC is returning these copies to you pursuant to the California Health and Safety Code, Section 25160.5, which states:

"If any producer required to send a copy of a manifest to the department submits an improperly completed manifest, and the department returns the manifest to the person who completed the manifest, producer shall submit a fee of twenty dollars (\$20) to the department to accompany the resubmitted manifest."

The enclosed checklist(s) indicated the incomplete or missing information. The DTSC hereby requires the following:

1. Correctly complete the information requests on the returned manifests.
2. Resubmit the corrected manifests, within 30 calendar days, along with a fee of twenty dollars (\$20) for each manifest that was returned.
3. Use the enclosed invoice statement as noted.
4. Mail to: Manifest Error Fee  
Department of Toxic Substances Control  
400 P Street, 4th Floor  
P.O. Box 806  
Sacramento, CA 95812-0806

We have undertaken this project in order to better achieve three goals:

- o Insure that hazardous wastes are transported for disposal, recycling, storage or treatment in full compliance with applicable federal, state, and local laws.*

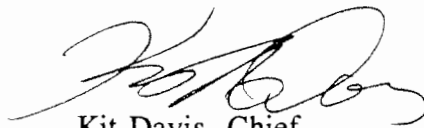


- o Minimize the risk of harmful exposure of hazardous wastes to humans, animals, and the environment when such materials are being transported.*
- o Improve the accuracy and useability of the Hazardous Waste Information System. The data for this system is taken directly from the manifests.*

Pursuant to the California Health and Safety Code, Section 25189.2, a penalty of up to \$25,000 per violation per day may be imposed for failure to submit a manifest with correct information.

If you need further information or have any questions, please call Ms. Marina Baiza of my staff at (916) 322-0471.

Sincerely,



Kit Davis, Chief  
Manifest Enforcement Unit  
Surveillance and Enforcement  
Department of Toxic Substances Control

Enclosures: Manifests 5  
Checklist  
Invoice No. 0428930028

cc: Scott Simpson  
Branch Chief, Region 3  
Department of Toxic Substances Control  
1011 North Grandview Avenue  
Glendale, CA 91201



DEPARTMENT OF TOXIC SUBSTANCES CONTROL  
Manifest Enforcement Unit

*FEDERAL REQUIRED ITEMS ON ENCLOSED MANIFEST(S)*

ITEMS	ERRORS AND/OR OMISSIONS
10	Designated Facility's US EPA ID Number
12	Containers - Number and Type
13	Total Quantity
14	Unit/Weight/Volume

Please see the back side of a  
manifest which has all six copies  
intact and follow the instructions.

# State of California

Department of Toxic Substances Control

Department of Toxic Substances Control  
Manifest Unit  
Manifest Enforcement Unit  
P.O. Box 806  
Sacramento, CA 95812-0806

Invoice No. 0428930028

ASSOCIATED PLATING CO  
9636 ANN ST  
SANTA FE SPRINGS, CA 90670

Authorities Cited	Manifests	Fee Per Manifest	Charges
California Health & Safety Code, Section 25160.5	5	20.00	100.00

**\*\* Please return original-stamped manifests with your remittance.**

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Please Detach Here And Mail With Your Check or Money Order payable to DTSC

Invoice Number	Date Payment Due	Balance	Amount Enclosed
0428930028	May 28, 1993	100.00	

ASSOCIATED PLATING CO  
9636 ANN ST  
SANTA FE SPRINGS, CA 90670

Department of Toxic Substances Control  
Manifest Enforcement Unit  
400 P Street, 4th Floor  
P.O. Box 806  
Sacramento, CA 95812-0806